

PUBLIC HEALTH COMMITTEE HEARING – FEBRUARY 28, 2014

GOVERNOR'S BILL No. 36 AAC THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE

Testimony of Kathleen Sullivan-Conger APRN

My name is Kathleen Sullivan-Conger, I am an advanced nurse practitioner board certified in mental health ages 13- through the life span. As a reminder I testified last year and expressed concern to the severe problem in Ct to obtain and maintain a collaborative psychiatrist. I had to leave a federally qualified community health center position due to the unmet health standards of the collaborative agreement. I also expressed concern for the growing need for psychiatric providers to see children and teenagers in our community. Many parents and primary care doctors have voiced concern as to the lack of access to care for this specialty service and the lack of providers willing to take certain insurances specifically state insurance and the United health plan leaving children, teenagers and their families without psychiatric care. I did not own my practice and subsequently there was a barrier to my professional choices of which insurances I could be in network with and I could not. I was no longer providing care to state insured and united health care insured families.

In my opinion we can no longer allow for this barrier to the people and children of our state. Ct state insurance covers those in need who may be layed off, suffering from illness, or struggling with financial burdens. United plan covers certain state insurance plans and is also the plan of choice for many Ct. companies including General Dynamics our work force of Ct who protects our nation. My father worked at EB for 45 years and my brother for 35 years. I thought how could this be that I cannot help these families unless they pay me cash and do not use their hard earned insurance plan. People are paying for their care out of their paycheck and charging their health care on cards **because providers are not accepting their insurances.**

The only way I could serve this population was to start my own practice and I had wanted to do that here in CT. but it is too difficult to obtain a collaborative agreement in Ct and there is too high a risk of it being invalidated if a doctor retires, moves or dies. My only choice was to leave the state and go where I am allowed to practice without fear of loosing my practice. Where I can treat patients who are in great need of mental health care and may have insurance plans that other providers do not accept.

I was extremely frustrated that our bill was not passed last year and felt that I had to do something other then wait. Ct has a risky business environment leaving NP's dependent on a letter and I could not afford to take this risk in our economy. I now own a private practice in Westerly RI and I am pleased to be in network providing care for families who are covered by Ct. Medicaid (Husky), United health care, Tricare military insurance and RI children's state plan (as well as many others). I have started seeing the children and families of Ct who travel to RI and I

have been making collaborative collegial partnerships in the community meeting with primary care doctors and NPs, pediatricians, and have recently met with a health center to facilitate access to quality mental health services. I have a vast network of collaborators in my field of practice and am starting a collaborative meeting group to address patient health needs and trauma informed care. The response has been inviting and I quote from primary care offices and parents "Thank god you are here" My question is why did I have to leave the state I was born in where my family and friends live, where my community is in order to provide what they need?